



CAMPAIGN FINANCIAL DISCLOSURE REPORT

SUMMARY PAGE
(Please Print or Type)

Section I

Name of Candidate or Political Committee and Chairperson <u>Mal Richardson for State Senate</u>		Office Sought (if candidate) <u>Senate</u>	District (if any) <u>30 B</u>
Mailing Address <u>3725 Brookfield Ln</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>Idaho Falls 83406</u>	Home Phone <u>522-8772</u>
Name of Political Treasurer <u>Mark Richardson</u>		Home Phone <u>524-7475</u>	Work Phone <u>Same</u>
Mailing Address <u>47 Portwood Cr.</u>	<input type="checkbox"/> Check if address change.	City and Zip <u>Idaho Falls 83401</u>	Work Phone <u>Same</u>

Section II

TYPE OF REPORT

Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates

This report is for the period from 6 / 3 / 2000 through 9 / 30 / 2000

- | | | |
|---|--|---|
| <input type="checkbox"/> 7 Day Pre-Primary Report | <input type="checkbox"/> 0 7 Day Pre-General Report | <input type="checkbox"/> Quarterly (April 30)
(only filed by ballot measure committees) |
| <input type="checkbox"/> 30 Day Post-Primary Report | <input checked="" type="checkbox"/> 30 Day Post-General Report | |
| <input type="checkbox"/> 30 Day Post-Primary Report | <input checked="" type="checkbox"/> 30 Day Post-General Report | CONTINUE FROM PREVIOUS PAGE 001
(only filed by ballot measure committees) |
| <input checked="" type="checkbox"/> October 10 Pre-General Report | <input type="checkbox"/> Annual Report | <input type="checkbox"/> 0 Quarterly (July 30)
(only filed by ballot measure committees) |

Is this Report an amendment? Yes No

Is this a Termination Report? Yes No

Section III

STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES

Directions: If you had no contributions or expenditures during this reporting period, check the box next to the statement below, fill in the appropriate dates and sign this report. Be sure to carry forward the appropriate "Calendar Year to Date" figures in Column II, Section IV.

I hereby certify that I have received no contributions and have made no expenditures during this reporting period from _____ / _____ / _____ through _____ / _____.

Section IV

SUMMARY

To reach your Calendar Year to Date figure: Add this report's Column J figures to the Column II figures of your previous report (except on line 6).

	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Year*	\$ <u>XXXXXX</u>	\$ <u>2665.09</u>
Line 2: Enter Cash Balance at Close of Last Reporting Period**	\$ <u>52654.99</u>	\$ <u>XXXXXX</u>
Line 3: Total Contributions (Enter amount from page 2)	\$ <u>675.00</u>	\$ <u>1075.00</u>
Line 4: Subtotal (Add lines 1, 2 and 3)	\$ <u>3329.99</u>	\$ <u>3740.09</u>
Line 5: Total Expenditures (Enter amount from page 2)	\$ <u>335.07</u>	\$ <u>745.17</u>
Line 6: Cash Balance at Close of Period (Subtract line 5 from line 4)**	\$ <u>2994.92</u>	\$ <u>2994.92</u>

*This same figure should be entered on line 1 of all reports filed this calendar year.

**You must report the cash on hand at both the beginning of the reporting period and the close of the reporting period.

Note that the closing cash balance for the current reporting period appears on the next report as beginning cash on hand.

Section V

CONTRIBUTIONS PLEDGED - INCURRED EXPENDITURES

Contributions Pledged during this reporting period but not yet received: None \$ _____ (see attached Schedule C-24)

Incurred Expenditures during this reporting period but not yet paid: None \$ _____ (see attached Schedule C-28)

Section VI

CERTIFICATION

Return This Report To:
Pete T. Cenarrusa
Secretary of State

I Mark G. Richardson, hereby certify that the information in this report is a true, complete and correct Campaign Financial Disclosure Report

DETAILED SUMMARY PAGE

Name of Candidate or Committee <u>Mel Richardson</u>	Report Covering the Period From - <u>6/3/00</u> to <u>9/30/00</u>
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UNITEMIZED CONTRIBUTIONS

Contributions of **Fifty Dollars (\$50.00)** or Less This Period

Total Number <u> </u>	Total Amount \$ <u>25⁰⁰</u>
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UNITEMIZED EXPENDITURES

Expenditures of Less Than Twenty-Five Dollars (\$25.00) This Period

Total Number <u> </u>	Total Amount \$ <u>11.⁻²⁷</u>
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	Total This Period
<hr/>	
Number of Schedule A pages Attached	
<hr/>	
Contributions	
Unitemized Contributions (\$50 and less) from top of page	\$ <u>25⁰⁰</u>
Itemized Contributions (total all Schedule A sheets)	\$ <u>650⁰⁰</u>
Total Contributions (also enter this figure on page 1, Section IV, line 3)	\$ <u>675⁰⁰</u>
<hr/>	
Number of Schedule B pages Attached	
<hr/>	
Expenditures	
Unitemized Expenditures (less than \$25) from top of page	\$ <u>11.⁻²⁷</u>
Itemized Expenditures (total all Schedule B sheets)	\$ <u>323.⁸⁰</u>
Total Expenditures (also enter this figure on page 1, Section IV, line 3)	\$ <u>335.⁰⁷</u>

CONTINUE FROM PREVIOUS PAGE

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SCHEDULE A ITEMIZED CONTRIBUTIONS of more than Fifty Dollars (\$50.00) this period

Name of Candidate or Committee
Mel Richardson

		Column A	Column B	Column C
Date/ Receipt For	Full Name, Mailing Address and Zip Code of Contributor/Lender	Cash or Check	In-Kind (non-monetary)	Loans
8/17/00	1. Idaho Assoc. of Realtors, Inc. 1410 W Bannock Boise, ID 83702	\$ 200 ⁰⁰	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
8/24/00	2. GlaxoWellcome PO Box 13358 Research Triangle Park, NC 27709	\$ 150 ⁰⁰	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
9/12/00	3. IDA BANC PAC State Fund PO Box 638 Boise, ID 83701	\$ 100 ⁰⁰	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
9/17/00	4. Agriculture & Natural Resources, PAC 8685 Parapet Ct. Boise, ID 83703	\$ 100 ⁰⁰	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
9/19/00	5. Idaho Superbeet Growers PAC 1199 Main St. Boise, ID 83702	\$ 100 ⁰⁰	\$ _____	\$ _____
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
1 - / -	6.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
1 - / -	7.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
1 - / -	8.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
1 - / -	9.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
1 - / -	10.	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Primary <input type="checkbox"/> General		\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date	\$ _____ Calendar Year To Date
Subtotals of Columns A, B & C		\$ 650 ⁰⁰	\$ 0	\$ 0
Total This Page (add columns A, B & C)				\$ 650 ⁰⁰

SCHEDULE B ITEMIZED EXPENDITURES

of Twenty-Five Dollars (\$25.00) or more this period

Name of Candidate or Committee:
Mel Richardson

		Column A	Column B
Date	Full Name, Mailing Address and Zip Code of Recipient	Cash or Check	In-Kind (non-monetary)
6/18/00	1. US Postmaster 605 4th St Izaho Falls, ID 83401	\$ 33 ⁹⁹ --	\$
Purpose of Above Expenditure: <u>Stamps</u>			
9/15/00	2. Professional Planners 1547 Parkwood Izaho Falls, ID 83401	\$ 100 ⁰⁰	\$
Purpose of Above Expenditure: <u>Sign Placement</u>			
9/30/00	3. Dixie Richardson 3725 Brookfield Ln Izaho Falls, ID 83401	\$ 189 ⁸¹	\$
Purpose of Above Expenditure: <u>Reimburse out of pocket BBQ / R</u> <u>Supplies/etc</u> <u>W/ a membership / Carvaughs</u>			
1 / 1	4.	\$	\$
Purpose of Above Expenditure:			
1 / 1	5.	\$	\$
Purpose of Above Expenditure:			
1 / 1	6.	\$	\$
Purpose of Above Expenditure:			
1 / 1	7.	\$	\$
Purpose of Above Expenditure:			
1 / 1	8.	\$	\$
Purpose of Above Expenditure:			
1 / 1	9.	\$	\$
Purpose of Above Expenditure:			
Subtotals of Columns A & B		\$ 323 ⁸⁰	\$ 0
Total This Page (add columns A & B)			\$ 323 ⁸⁰